

PUBLIC VOUCHER FOR PURCHASE
AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. 463

U. S. _____
COSTS REIMBURSABLE
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To _____
(Payee)

PAID BY

SAPC 10526
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				22,106.	86

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total \$ 22,106.86

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

STATINTL (Sign original only)

Differences _____
Amount verified; correct for _____
(Signature or initials)

Date 10-25-56 *Payee _____
(Not required when a like certificate is made by payee on attached bill or bills)

Per _____ Title _____

Contract No. A101 Date _____ Req. No. _____ Date _____ Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

By _____
APPROVING OFFICER NOV 9 1956
Title _____
SIGN ORIGINAL ONLY
† _____
Title _____
Date _____
CONTRACTING OFFICER

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

STATINTL

STATINTL STATINTL

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____ Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company check must be written in the space provided for the signature of the approving officer.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

U. S. COST REIMBURSABLE Sheet No. 1 of Bureau Voucher No. 463
(Department, bureau, or establishment)

Approved For Release 2000/05/03 : CIA-RDP64-00360R000400120009-6

NW - T1002 (4-56)

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OK 8773

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FOR OPERATING DIVISIONS

ACCOUN

☐ SUMMARY INDIRECT POSTING
FOR NON-OPERATING DIV

COST CENTER			DATE			CHECK NUMBER	PAYEE'S (ABBREV.) NAME	PURCHASE ORDER OR INVOICE NUMBER
MAJ	INT	SUB	MO	DAY	YR			
25	4000	0	10	10	6	729	PR MALLORY	529228
22	44	0000	10	12	6	823	SPRAGUE ELRC	529236
22	44	0000	10	12	6	808	LYTON INC	529277
22	44	0000	10	12	6	818	PERFECTO PERD	529282
22	44	0000	10	08	6	834	AIRCRAFT STAMP	529247
22	44	0000	10	08	6	868	PETTY CASH	529154
22	44	0000	10	08	6	878	PERM FILTER	529133
22	44	0000	10	08	6	686	WINCHESTER	529131
22	44	0000	10	10	6	713	BASKET MFG	
25	2030	0	10	11	6	784	PETTY CASH	C
25	4000	0	10	08	6	686	PETTY CASH	C

FORM NO. 1421 THE STANDARD REGISTER CO. - PACIFIC DIVISION OAKLAND LOS ANGELES

TS PAID

☐ CONSOLIDATED DISTRIBUTION REPORT,
☐ ADJUSTMENTS
☐

10-14
 DATE
 PAGE
 REPORT NO.

FINANCIAL JOURNAL
 DISBURSEMENTS

RECEIVING REPORT NUMBER	C. E. CODE	CHARGE DISTRIBUTION				DISTRIBUTION AMOUNT
		ACCOUNT	M. J. O.	S. O.	WORK ORDER	
1	5	12700	3043	5		108702
						108702
						108702
						108702
1	5	12700	3043	9		14479
1	5	12700	3043	9		2388
1	5	12700	3043	9		2273
1	5	12700	3043	9		1856
1	5	12700	3043	9		3000
1	5	12700	3043	9		16018
1	5	12700	3043	9		21171
1	5	12700	3043	9		1782
						66247
						66247
						66247
	5	12700	3043	10		5000
						5000
						5000
	5	12700	3043	10		1000
						1000
						1000
						6000
Total p. 1						175639
Total p. 2						815061
Total w/E						990700
10/14/56						

TS PAID

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10. 14

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Total p. 2

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